IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE:	03/02/2004			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 03/02/2004 FINANCIAL PAYER: NCDMH				
			T	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	1000	DENTINO	22001111201	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8326	8903	ATTENDING PROVIDER NUMBER IS R				
	H/DD/SAS			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
				NUMBER. ADD ATTENDING NUMBER A				
		143	103	CLIENT ID NUMBER NOT ON STATE	0	9111	9111	0
				ELIGIBILITY FILE				
		191	53	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404902	BLUE RIDGE COMM	11	63	CLIENT NOT ELIGIBLE ON SERVICE				
	UNITY			DATE				
		n	0					
		-	-		0	63	66	3
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME				-			
					1			
		0	0		0	0	0	0
3404905	TREND COMM MENT	21	1004	DUPLICATE OF CLAIM-SYSTEM	-			
	AL HLTH CTR							
		8599	142	DETAIL NOT COVERED BY COMBINAT				
		8399	142	ION OF RECIPIENT, PROVIDER AND	0	1326	3284	1958
				BENEFIT PACKAGE.				
		8000	90	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
				ATOD THIS CAME SOUTH				
3404907	RUTHERFORD-POLK	11	1	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		0	0		0	1	4	3
3404910	PATHWAYS	8505	1949	CLAIM DENIED DUE TO INSUFFICIE				
	FAIRMAIS			NT BUDGET				
		24	024	DESCRIBE CORE DESCRIBE/MONT				
		24	834	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	98	3639	5681	2042
				CODE/TYPE OF SERVICE COMBINATI				
		537	274	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
				The state of the s	 			
3404912	CATAWBA COUNTYM	8505	2445	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT		-	NT BUDGET	-			
					 			
		8599	98	DETAIL NOT COVERED BY COMBINAT	47	2627	3918	1291
				ION OF RECIPIENT, PROVIDER AND			-	
				BENEFIT PACKAGE.	1			
		8931	44	AMTNC INELIGIBLE TO RECEIVE SE	 			
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	120	605	CLIENT ID NUMBER MISSING OR IN	1			
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT	1			
				AS A NEW CLAIM				
		23	284	SERVICE REQUIRES PRIOR APPROVA				
		43	~ O 4	L	105	1459	2585	1126
	1	8599	224	DETAIL NOT COVERED BY COMBINAT		1		
				TON OF DECIDIENT DECUZEDS AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

		1		T		I	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-	-		
3404916	CROSSROADS BEHA	21	532	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8599	220	DETAIL NOT COVERED BY COMBINAT	170	1385	13629	12244
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	137	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
2404017		0505	3146	CLAIM DENIED DUE TO INSUFFICIE				
3404917	CENTERPOINT HUM	8505	3146	NT BUDGET				
	AN SERVICES			NT BUDGET				
		8599	406	DETAIL NOT COVERED BY COMBINAT	329	4934	7826	2892
		0000	100	ION OF RECIPIENT, PROVIDER AND	329	4934	7826	2892
				BENEFIT PACKAGE.				
				DENTITE LICENCE.				
		21	365	DUPLICATE OF CLAIM-SYSTEM				
	1	1	+		1			
		1						
3404918	ROCKINGHAM CO M	11	80	CLIENT NOT ELIGIBLE ON SERVICE				
	ROCKINGHAM CO M ENTAL HEALT	1	+	DATE	1			
	SAIND HEAD!	1						
		1						
		0	0			80	118	38
		1			0	80	118	
		1						
3404919	GUILFORD CO MEN	21	4090	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC	1	1					
	TAL HEALTHC							
		8505	1857	CLAIM DENIED DUE TO INSUFFICIE	206	7602	10640	2055
	+			NT BUDGET	306	7693	10649	2955
				NI DODGEI				
		8599	512	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				DENTITE THOUSE.				
3404920		8599	500	DETAIL NOT COVERED BY COMBINAT				
5101520	ALAMANCE CASWEL	0000	500	ION OF RECIPIENT, PROVIDER AND				
	L AREA MH D			BENEFIT PACKAGE.				
				DENTITE THOUSE.				
		5404	132	SEVERE DUPLICATE: SAME ATTD PR	070	1005	6634	F 400
	+			OV/PCODE/TOS/DOS/MOD	279	1225	6634	5409
				04/10082/100/800/108				
		8933	127	ADTNC INELIGIBLE TO RECEIVE SE				
		0333		RVICES IN IPRS.				
				171010 17 1110.				
3404921	0021100 DED0011 0	5312	1298	PRIOR AUTHORIZED DOLLARS EXCEE				
3101321	ORANGE PERSON C HATHAM AREA	3322	1230	DED				
	HATHAM AREA			525				
	1	1	+		1			
		8505	744	CLAIM DENIED DUE TO INSUFFICIE		40	n	245
			H	NT BUDGET	176	4270	7754	3484
	1	1	1	-				
		1						
	1	21	490	DUPLICATE OF CLAIM-SYSTEM				
			1			i .	l	
3404922	THE DIRHAM CENT	21	4280	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	4280	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21	4280	DUPLICATE OF CLAIM-SYSTEM				
3404922		21	4280	DUPLICATE OF CLAIM-SYSTEM				
3404922		21	4280	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	0	6197	9810	3613
3404922					0	6197	9810	3613
3404922				DETAIL NOT COVERED BY COMBINAT	0	6197	9810	3613
3404922				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	6197	9810	3613
3404922				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	6197	9810	3613
3404922		8599	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6197	9810	3613
3404922		8599	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	0	6197	9810	3613
3404922		8599	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	0	6197	9810	3613
3404922	ER	8599	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	0	6197	9810	3613
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT	0	6197	9810	3613
	ER	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	6197	9810	3613
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT	0	6197	9810	3613
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0		9810	
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				3613
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE				
	ER VGFW AREA AUTHO	8599 143 8599	996 460 207	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ER VGFW AREA AUTHO	8599 143	996	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE				
	ER VGFW AREA AUTHO	8599 143 8599	996 460 207	DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DRAUTERRA MANAGE	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NONDEK	PROVIDER NAME	EODS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404924	PIEDMONT AREA M	8525	14	CLAIM DENIED, REFERRING PROVID				
				ER MUST BE AN LMA.				
	H/DD/SAS							
		0	0		0	14	14	
					0	14	14	
3404925	SANDHILLS CENTE	8599	386	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
	It TOIL FILLY DD			BENEFIT PACKAGE.				
		8935	143	ASTNC INELIGIBLE TO RECEIVE SE	301	791	7005	6214
				RVICES IN IPRS.	501	7,51	7003	0211
		8931	134	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404926	SOUTHEASTERN RE	8505	1836	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	726	CLIENT NOT ELIGIBLE ON SERVICE	199	3430	7447	4017
				DATE	133	2.30		1117
		8599	211	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	1588	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	128	FURTHER PROCESSING NECESSARY,	5	1977	4199	2222
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	106	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	11	136	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		8599	49	DETAIL NOT COVERED BY COMBINAT	0	283	935	652
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	43	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	8505	355	CLAIM DENIED DUE TO INSUFFICIE				
3404930	JOHNSTON COUNTY	8505	355	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404930		8505	355					
3404930				NT BUDGET				
3404930		8505	355	NT BUDGET FURTHER PROCESSING NECESSARY,	1	367	407	40
3404930				NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	367	407	40
3404930				NT BUDGET FURTHER PROCESSING NECESSARY,	1	367	407	40
3404930		8800		NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	367	407	40
3404930				NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	1	367	407	40
3404930		8800		NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	367	407	40
3404930		8800		NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	1	367	407	40
	MNTL HLTHC	8800	10	NT BUDGET FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	1	367	407	40
3404930	MNTL HLTHC	8800		NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE	1	367	407	40
	MNTL HLTHC	8800	10	NT BUDGET FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FURTHER RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	1	367	407	40
	MNTL HLTHC	8800	10	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE	1	367	407	40
	MNTL HLTHC	8800 11 8505	10	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1			
	MNTL HLTHC	8800	10	WT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE	1	367	407	40
	MNTL HLTHC	8800 11 8505	10	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1 254			
	MNTL HLTHC	8800 11 8505	10	WT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE	254			
	MNTL HLTHC	8800 11 8505	10 1 4810 528	NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE	254			
	MNTL HLTHC	8800 11 8505	10	NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE	254			
	MNTL HLTHC	8800 11 8505	10 1 4810 528	NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT NOT ELIGIBLE ON SERVICE DATE	254			

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER 3404932	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	RANDOLPH/SANDHI	8505	2193	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
		8800	183	FURTHER PROCESSING NECESSARY,				
		8800	103	PLEASE CHECK FOR CLAIM ON	18	2608	2662	54
				FUTURE RA'S.				
		8502	113	CLAIM DENIED DUE TO INSUFFICIE				
				NT ALLOTMENT				
3404933	SOUTHEASTERN CT	8505	2195	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	228	FURTHER PROCESSING NECESSARY,	113	3148	6399	3251
		0000	220	PLEASE CHECK FOR CLAIM ON	113	3148	6399	3231
				FUTURE RA'S.				
		8000	181	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404934	ONSLOW COUNTY B	11	140	CLIENT NOT ELIGIBLE ON SERVICE				
	EHAVIORAL H			DATE				
		1						
		8505	132	CLAIM DENIED DUE TO INSUFFICIE	16	710	20.00	1358
				NT BUDGET	16	/10	2068	1358
		1						
		8599	117	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		U	U		0	0	0	C
3404936	WILSON-GREENE M	8931	44	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
	ENIAD HEAD!							
		8932	15	CMTNC INELIGIBLE TO RECEIVE SE	60	75	3614	3539
				RVICES IN IPRS.				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	21	2840	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		1						
		8599	184	DETAIL NOT COVERED BY COMBINAT	126	3414	4153	739
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		9505	161	CTATM DENTED DIE SO THOUSENATO				
		8505	161	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		-		ar condi				
		1						
3404938	RIVERSTONE MENT	8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
	AL HEALTH C			RVICES IN IPRS.				
		8599	8	DETAIL NOT COVERED BY COMBINAT	14	30	87	57
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	6	OTTENE TO NUMBER MIGGINS OF TH				
	+	120	0	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
		+		AS A NEW CLAIM				
		1						
3404939	NEUSE MENTAL HE	8599	616	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	393	NO RATE AVAILABLE ON FILE TO P	86	1654	5042	3388
				RICE THIS CLAIM DETAIL				
						1		1
		191	267	CLIENT ID NUMBER DOES NOT MATC				
		191	267	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

		HIGH DENIAL	NUMBER OF		mvo	moma v	TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
3404941								
	PITT CO MH/DD/S	120	651	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AS A NEW CDAIN				
		143	149	CLIENT ID NUMBER NOT ON STATE	70	1238	4836	3598
				ELIGIBILITY FILE				
		8599	121	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942		24	192	PROCEDURE CODE, PROCEDURE/MODI				
3404942	ROANOKE CHOWANH UMAN SERVIC	24	192	FIER COMBINATION OR PROCEDURE				
	OPAN SERVIC			CODE/TYPE OF SERVICE COMBINATI				
		8599	162	DETAIL NOT COVERED BY COMBINAT	37	692	2579	1887
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	128	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	1							
3404943	AT DEMANTE AMAIMS	21	1298	DUPLICATE OF CLAIM-SYSTEM				
	ALBEMARLE MENTA L HEALTH CE	+ '						
		1			1			
		11	316	CLIENT NOT ELIGIBLE ON SERVICE	161	2166	4723	2557
				DATE				
	1							
		8599	145	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944		8599	190	DETAIL NOT COVERED BY COMBINAT				
3101311	EASTPOINTE HUMA N SERVICES	0000	150	ION OF RECIPIENT, PROVIDER AND				
	N DERVICED			BENEFIT PACKAGE.				
		8931	111	AMTNC INELIGIBLE TO RECEIVE SE	229	681	6969	6288
				RVICES IN IPRS.				
		8935	87	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	POOMITTE ADDAM	8326	13751	ATTENDING PROVIDER NUMBER IS R				
	FOOTHILLS AREAM							
	ENTAL HEALT			EQUIRED WHEN BILLED WITH GROUP				
	ENTAL HEALT							
	ENTAL HEALT			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
	ENTAL HEALT	143	329	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE	0	14337	14341	4
	ENTAL HEALT	143	329	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A	0	14337	14341	4
	ENTAL HEALT	143	329	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE	0	14337	14341	4
	ENTAL HEALT	143	329	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE	0	14337	14341	4
	ENTAL HEALT			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	14337	14341	4
	ENTAL HEALT			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE	0	14337	14341	4
3404957	ENTAL HEALT			EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE	0	14337	14341	4
3404957		11	137	EQUIRED WHEN BILLED WITH GROUP NUMBER, ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE	0	14337	14341	4
3404957	TIDELAND MENTAL	11	137	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT DEVICE TO INSUFFICIE	0	14337	14341	4
3404957	TIDELAND MENTAL	11 8505	137	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT DATE CLIENT DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				4
3404957	TIDELAND MENTAL	11	137	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	79	14337	14341	496
3404957	TIDELAND MENTAL	11 8505	137	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT DATE CLIENT DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				496
3404957	TIDELAND MENTAL	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				496
3404957	TIDELAND MENTAL	11 8505	137	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT MOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				496
3404957	TIDELAND MENTAL	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				496
3404957	TIDELAND MENTAL	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT MOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				496
	TIDELAND MENTAL	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT MOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				496
	TIDELAND MENTAL HEALTH CTR	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				496
	TIDELAND MENTAL HEALTH CTR	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				496
	TIDELAND MENTAL HEALTH CTR	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				496
	TIDELAND MENTAL HEALTH CTR	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				496
3404959	TIDELAND MENTAL HEALTH CTR	8595 8599 8931	137 817 114 35	EQUIRED WHEN BILLED WITH GROUP NUMBER, ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTIC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REFORT ***				496
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8505 8599	137 817 114	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***				496
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8595 8599 8931	137 817 114 35	EQUIRED WHEN BILLED WITH GROUP NUMBER, ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTIC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REFORT ***				496
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8595 8599 8931	137 817 114 35	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***				496
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8595 8599 8931	137 817 114 35	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***	79	1050	1546	0
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8599 8599 8931	137 817 114 114 0	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				496
3404957 3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8599 8599 8931	137 817 114 114 0	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT MOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	79	1050	1546	0
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8505 8599 8931 0 0	137 817 114 35 0	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT MOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	79	1050	1546	0
3404959	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	8599 8599 8931	137 817 114 114 0	EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	79	1050	1546	0